

Rural Health Newscast

Rural Health Policy Council Office
Health & Human Services Agency
Grantland Johnson, *Secretary*

State of California
Gray Davis, *Governor*



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FEBRUARY 22, 2000

California Rural Health Policy Council Public Meetings - 2000

Friday, March 24, 2000, 8:30 a.m.

California Chamber of Commerce
California Room (14th Floor)
1215 K Street, Sacramento

There will be a presentation on Census 2000. This Public Meeting is being held the day after the California State Rural Health Association's annual meeting on 3/23 and before the California Healthcare Association's Annual Rural Healthcare Symposium at the Hyatt Regency Hotel in Sacramento, which starts at 11:30 a.m. on 3/24.

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Shriners Hospital for Children Provides Specialized Care to California's Children

Contributed by Catherine Curran, Shriners Hospital of Northern California

The newest addition to the Shriners 22-hospital pediatric healthcare system, Shriners Hospitals for Children Northern California is the only hospital in the Shriner system that houses facilities for treatment of all three Shriner specialties - spinal cord injuries, orthopaedics, and burns. Located in Sacramento, the hospital provides the gift of free medical care to children throughout Northern California. The eight-story hospital features 80 patient beds, 9 parent apartments, five state-of-the-art operating rooms, a high tech Motion Analysis Lab and an entire floor devoted to research. It opened its doors in April 1997 and replaced the San Francisco Shriners Hospital.

All areas of the building are designed to accommodate the special needs of patients and their families. Stretching from the lobby to the top of the seventh floor, the central atrium eliminates the boundaries between inside and out and enhances healing by flooding the building with natural light.

Admission is based on two criteria: 1) age and 2) diagnosis. Any child under 18 years old is eligible for admission if the child's condition is within the scope of services offered. Patients are referred to Shriners by physicians, nurses, case managers, friends, family and other individuals interested in a child's well-being.

The medical staff has expertise in treating burns: acute injuries and reconstruction and rehabilitation; orthopaedic: spina bifida, orthopaedic problems of cerebral palsy, congenital absence of limbs, congenital and acquired limb deficiencies, hand deformities, spinal deformities, diseases of bones and joints; spinal cord injury rehabilitation

To refer a patient to Shriners Hospitals for Children Northern California, call the Patient Referral Coordinator at (916) 453-2191. If you are interested in learning more about the Hospital's many programs, please call (916) 453-2000.

California HealthCare Foundation

The CHF offers a guide for comparing health plans, medical groups, and HMOs. The CHF offers this guide, "Choosing Wisely: A Consumer's Guide to Health Care" in partnership with the *Los Angeles Times* as a part of the

Foundation's Quality Initiative, a broad-based effort to improve the quality of medical care in California.

This guide is available to individuals and organizations at no cost. Call the California HealthCare Foundation at (888) 430-2423 to ask for copies.

For more information on the Quality Initiative, call Ann Monroe at (510) 238-1040, or send an e-mail to quality@chcf.org.

Rural Health Services Small Grant Recipients

Forty-three applicants were recipients of \$1,044,184 for the 1999-2000 Rural Health Policy Council's Rural Health Services Small Grants. Many other applicants met or exceeded the minimum score, but were not granted funding as demand far exceeded the funds available.

Alcohol Drug Care Services	\$25,000	Health Valley Medical Clinic	25,000	Placer County Community Clinic	25,000
Avenal Community Health Center	\$25,000	Hill Country Community Clinic	25,000	Plumas County Health Services	25,000
Butte County Public Health	25,000	Hyampom Community Services District	8,000	Redwood Coast Medical Services	25,000
Clinica de Salud del Valle de Salinas	25,000	John H. Jones Community Clinic	25,000	Rim Family Services	24,377
Community Health Centers of the Central Coast	25,000	Kings View Madera Counseling Center	25,000	Rural Elders	25,000
Community Health Clinic Ole - Calistoga	12,500	Kingsburg District Hospital	25,000	Sage Community Health Center	25,000
Consolidated Tribal Health Project	25,000	Lake County Dept. of Health Services	25,000	SCHC - Happy Valley Family Health	25,000
Copper Towers Family Medical Center	25,000	Long Valley Health Center	25,000	Sonoma Valley Hospital Center	25,000
El Dorado County Public Health	25,000	Mammoth Hospital	25,000	Southern Trinity Health Services	25,000
Family Healthcare Network	25,000	Marshall Hospital	25,000	Trinity Hospital	25,000
Firebaugh Community Health Center	25,000	Mendocino Community Health Clinic	25,000	Tulare Community Health Clinic	25,000
Frank R. Howard Memorial Hospital	24,829	Morongo Basin Mental Health Services	24,480	United Health Centers	25,000
Georgetown Divide Family Health Care	25,000	Mt. Shasta Medi-Cal Clinic	25,000	Visiting Nurse Foundation Care-A-Van	24,998
		Orland Family Dentistry	25,000	Willow Creek Family Health and Dental Clinic	25,000
		Phoenix Programs	25,000		
		Pine Valley Mountain Health Center	25,000		

Rural Health Development Capital Grants Program

Awardees of OSHPD's 1999-2000 Capital Grants Program have been announced. The Forty-seven recipients were awarded \$1,999,618 and are as follows:

Alliance Medical Center	\$31,244	Kings View Counseling Services for Kings County	24,252	Plumas County Health Services Agency	50,000
Alta District Hospital	50,000	Kings View Madera Counseling Center	47,436	Redwoods Rural Health Center	50,000
Bear Valley Community Healthcare District	48,000	Kingsburg District Hospital	50,000	Ridgecrest Regional Hospital	41,950
Borrego Medical Center	16,826	Lassen Community Hospital	45,353	Right Road Recovery Programs	50,000
Canby Family Practice Clinic	50,000	Livingston Community Health Services, Inc.	41,243	Rural Elders, Inc.	50,000
Central Coast Neurobehavior Center	50,000	Mammoth Hospital	50,000	San Benito County Substance Abuse Program	20,289
Community Health Centers of the Central Coast	39,592	Mariposa Counseling Center	49,673	Santa Ynez Valley Cottage Hospital	37,880
Consolidated Tribal Health Project	50,000	Mark Twain St. Joseph's Hosp.	26,220	Seneca Healthcare District Ambulance	50,000
Drug Abuse Alternatives Center	30,869	Marshall Hospital	50,000	Shafter Community Health Ctr.	50,000
Eastern Plumas Health Care District	50,000	Mendocino Community Health Clinic	47,300	Shasta Community Health Ctr.	50,000
El Dorado County Public Health	50,000	Mobile Medical Office, The	7,800	Shingletown Medical Center	25,788
Emergency Services Foundation	50,000	Modoc Medical Center	50,000	Siskiyou Family Healthcare	7,144
Firebaugh Community Health Center	50,000	Morongo Basin Mental Health Services	50,000	Southern Health Services	50,000
Glenn Medical Center	48,015	Northern California EMS, Inc.	49,700	Southern Trinity Health Services	50,000
Humboldt Senior Resource Ctr.	50,000	Northern Sierra Rural Health Network	43,366	Surprise Valley Health Care District	50,000
Karuk Tribe of California	40,000			Tehama County Health Center	29,678

Angel Flight



Angel Flight was featured in an earlier edition of the Rural Health Newscast. The importance of this service prompts the CRHPC to publicize it once again.

Angel Flight is FREE, non-emergency medical transportation provided by volunteer pilots. The pilots volunteer their aircraft, skills and commitment to community service.

The service covers Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington and Wyoming.

Angel Flight arranges flights for patients who are medically stable, ambulatory, able to board a small private aircraft and sit upright for the duration of the flight, and not medically restricted from flight at moderate altitudes in an unpressurized plane. Angel Flight is not an emergency or "on demand" service. Flights may be possible for some transplant patients, providing that the patient is pre-registered with Angel Flight.

At least five working days notice is generally required to arrange a flight and they ask that the initial flight request come from a social worker, discharge planner, or physician's office. The missions are generally practical within a 500 mile range from the starting point.

Health care professionals are in a position to help many of their patients by simply calling Angel Flight. When the patient is determined to be financially needy,

medically capable of flying, and in need of transportation to or from diagnosis or treatment, please contact them toll-free at 888/4-ANANGEL (888/426-2643).

Fax number:

310/397-9636;

E-mail: info@angelflight.org;

Website:

<http://www.angelflight.org>

Managed Risk Medical Insurance Board Rural Demonstration Projects

*Contributed by Mauricio Leiva
Managed Risk Medical Insurance Board*

The Rural Health Demonstration Projects will enter the third year of funding with the FY 2000-01 cycle. The grants are designed to increase access to health, dental, and vision insurance in rural areas of California.

The Geographic Access grants are intended to serve isolated rural areas of California. The Special Population grants serve areas of the state populated with high concentrations of migrant and seasonal farmworkers, fishing and forestry industry workers and Native Americans.

Interested health/dental/vision plans should complete a grant application and send it to the Managed Risk Medical Insurance Board (MRMIB) before the due date. Grant solicitation packages will be available from MRMIB towards the end of March, 2000.

For further information about the process, phone Mauricio Leiva at (916) 445-2107. Mr. Leiva is the manager of the Rural Health Demonstration Projects at MRMIB.

Clinic Report on Web Site

The report, *Licensed Primary Care Clinics in Rural Areas, Selected Utilization and Financial Data, 1995, 1996, and 1997* is now available on our website in pdf format.

The report was created by the Rural Health Policy Council Office using data from the Office of Statewide Health Planning and Development's *Annual Utilization Report of Primary Care Clinics*.

For a complementary hard copy of the report, please contact our office by phone, fax, or send an e-mail.



CRHPC Website Improvement

As a result of your input on the Constituent Satisfaction Survey, our website is undergoing some significant improvements. Navigation will be easier and the formatting of all the pages will be consistent.

The publications section will contain the Rural Health Newscasts and all the reports published by the CRHPC Office in pdf format.

A new section titled "Meetings and Conferences" will lead the user to our calendar which will contain conferences, meetings and dates of importance to rural health providers.

Completion of the site is projected for the end of March, 2000.

Medicare Balanced Budget Refinement Act

The following is a summary of Rural Provider Provisions of the recently passed Medicare Balanced Budget Refinement Act.

TITLE IV - RURAL PROVIDER PROVISIONS

Subtitle A - Rural Hospitals

Sec. 401. Permitting Reclassification of Certain Urban Hospitals as Rural Hospitals

The agreement requires the Secretary (of the U.S. Dept. of Health & Human Services) to treat certain urban hospitals as rural hospitals no later than 60 days after their application for such treatment if the hospitals: (1) are located in a rural census tract of a metropolitan statistical area (as determined by the most recent Goldsmith Modification, originally published in the Federal Register on February 27, 1992); (2) are located in an area designated by State law or regulation as a rural area or designated by the State as rural providers; or (3) meet other criteria as the Secretary specifies.

Sec. 402. Update of Standards Applied for Geographic Reclassification for Certain Hospitals

The agreement updates existing criteria used to designate outlying rural counties as part of metropolitan statistical areas (MSAs).

Sec. 403. Improvements to the Critical Access Hospital (CAH) Program

The agreement applied the 96-hour length of stay limitation on an average annual basis rather than on a per case basis; permits for-profit hospitals, state-designated hospitals that have closed within the past 10 years, and downsized facilities that are state-licensed health centers or health clinics to be CAHs; specifies the payment methods for outpatient critical access hospital services, and clarifies CAHs ability to participate in Medicare swing-bed program.

Sec. 404. 5-Year Extension of Medicare Dependent Hospital (MDH) Program

The agreement extends the Medicare Dependent Hospital program through FY2006.

Sec. 405. Rebased for Certain Sole Community Hospitals

The agreement permits sole community hospitals that are now paid using the federal rate to transition over time to payment based on their hospital-specific FY1996 costs.

Sec. 406. One-year Sole Community Hospitals Payment Increases

The agreement updates the FY2000 target amount by the market basket for discharges from sole community hospitals occurring in FY2001.

Sec. 407. Increased Flexibility in Providing Graduate Physician Training in Rural and Other Areas

The agreement permits hospitals to increase the number of primary care residents that it counts in the base year limit by up to 3 full-time equivalent residents if those individuals were on maternity, disability, or a similar approved leave of absence. Hospitals located in rural areas are permitted to increase their resident limits by 30% for direct and indirect medical education payments. In addition, non-rural facilities that operate separately accredited rural training programs in rural areas, or that operate accredited training programs with integrated rural tracks, may receive direct graduate medical education and indirect medical education payments for cost reporting periods beginning on April 1, 2000 and for discharges occurring on or after April 1, 2000 respectively. The agreement also includes the Senate provision regarding an exception of the count of residents to include those who participated in GME at a Veterans Affairs (VA) facility and were subsequently transferred.

Sec. 408. Elimination of Certain Restrictions with Respect to Hospital Swing Bed Program

The agreement eliminates the existing requirement that states review the need for swing beds through the Certificate of Need (CON) process and removes other constraints on length of stay.

Sec. 409. Grant Program for Rural Hospital Transition to Prospective Payment

The agreement permits rural hospitals with fewer than 50 beds to apply for grants not to exceed \$50,000 to pay for data systems required to meet BBA 97 amendments, including the costs associated with purchase of computer software and hardware, education and training of hospital staff, and costs related to the implementation of PPS systems.

Sec. 410. GAO Study on Geographic Reclassification

The agreement requires GAO to submit a report to Congress no later than 18 months after enactment on the current laws and regulations for geographic reclassification of hospitals under Medicare.

Subtitle B - Other Rural Provisions

Sec. 603. Modification of the Phaseout of Payment for Federally Qualified Health Centers (FQHCs) Services and Rural Health Clinics (RHCs) Services Based on Reasonable Costs

The agreement slows the phaseout of the cost-based system of reimbursement for services provided by FQHCs and RHCs and authorizes a study of the impact of reducing or modifying payments to such providers. The phaseout had gone into effect on October 1, 1999 with a 5% reduction. This legislation eliminates the reductions previously scheduled for October 1, 2000 (10%) and October 1, 2001 (15%). The Medicaid cost-based reimbursement rate is frozen at 95% or a 5% reduction in cost for the next two years. The elimination of cost-based reimbursement for Medicaid (a provision of the BBA of 1997) is phased in over an additional year until fiscal year-end 2005.

Sec. 411. MedPAC Study of Rural Providers

The agreement requires MedPAC to conduct a study on rural providers, evaluate the adequacy and appropriateness of the categories of special Medicare payments (and payment methodologies) for rural hospitals, and their impact on beneficiary access and quality of health services and submit a report to Congress no later than 18 months of enactment.

Sec. 412. Expansion of Access to Paramedic Intercept Services in Rural Areas

The agreement expands the coverage of medically necessary, advanced life support (ALS) services provided by a paramedic intercept service provider in a rural area to include areas designated as rural areas by any State law or regulation or those located in a rural census

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tract of a metropolitan statistical area (as determined under the most recent Goldsmith Modification, originally published in the Federal Register on February 27, 1992).

TITLE VII - STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)

Sec. 701. Stabilizing the State Children's Health Insurance Program Allotment Formula

To provide greater stability in the distribution of federal funds, the agreement modifies the allotment distribution formula set forth in the Balanced Budget Act of 1997 by establishing floors and ceilings to limit the amount a state's allocation can fluctuate from one year to the next.

Sec. 703. Improved Data Collection and Evaluations of the State Children's Health Insurance Program

The agreement provides funding for the collection of data to produce reliable annual state-level estimates of the number of uninsured children, and a federal evaluation of SCHIP to identify effective outreach and enrollment practices for both SCHIP and Medicaid, barriers to enrollment, and factors influencing beneficiary dropout. The agreement also requires: (1) an inspector general audit and GAO report on enrollment of Medicaid-eligible children in SCHIP, (2) states to report annually the number of deliveries to pregnant women and the number of infants who received services under the Maternal and Child Health Services Block Grant or who were entitled to SCHIP benefits, and (3) the Secretary of HHS to establish a clearinghouse for the consolidation and coordination of all Federal databases and reports regarding children's health.

Sec. 704. References to SCHIP and State Children's Health Insurance Program

With respect to any references to the program established in Title XXI of the Social Security Act, the agreement requires that the Secretary of HHS use the term State Children's Health Insurance Program and SCHIP instead of Children's Health Insurance Program and CHIP.

Census Tracts in Metropolitan Statistical Areas (MSAs)

Following is a list of MSA counties that contain rural census tracts as defined by the federal government.

Butte: 0024-0036

El Dorado: 0301.01, 0301.02, 0302, 0303, 0304.01, 0304.02, 0305.01, 0305.02, 0305.03, 0306, 0310-0315

Fresno: 0040, 0063, 0064.01, 0064.03, 0065-0068, 0071-0074, 0078-0083, 0084.01, 0084.02

Kern: 0033.01, 0033.02, 0034-0037, 0040-0050, 0051.01, 0052-0054, 0055.01, 0055.02, 0056-0061, 0063

Los Angeles: 5990, 5991, 9001, 9002, 9004, 9012.02, 9100, 9101, 9108.02, 9109, 9110, 9200.01, 9201, 9202, 9203.03, 9301

Madera: 0001.02-0001.05, 0002-0004, 0010, 0011.98, 0012.98

Merced: 0001, 0002, 0003.01, 0004, 0005.01, 0005.02, 0006, 0007, 0008, 0019.98, 0020, 0021.98, 0022, 0023.01, 0024, 0024.75-0024.98

Monterey: 0109, 0112, 0113, 0114.01, 0114.02, 0115

Placer: 0201.01, 0201.02, 0202, 0203, 0204, 0216, 0217, 0219, 0220

Riverside: 0421, 0427.02, 0427.03, 0429, 0430, 0431, 0432, 0444, 0452.02, 0453, 0454, 0455, 0456.01, 0456.02, 0457.01, 0457.02, 0458-0462

San Bernardino: 0089.01, 0089.02, 0090.01, 0090.02, 0091.01, 0091.02,

0093, 0094, 0095, 0096.01, 0096.02, 0096.03, 0097.01, 0097.03, 0097.04, 0098, 0099, 0100.01, 0100.02, 0102.01, 0102.02, 0103, 0104.01, 0104.02, 0104.03, 0105, 0106, 0107

San Diego: 0189.01, 0189.02, 0190, 0191.01, 0208, 0209.01, 0209.02, 0210, 0212.01, 0212.02 0213

San Joaquin: 0040, 0044, 0045, 0052.01, 0052.02, 0053.02, 0053.03, 0053.04, 0054, 0055

San Luis Obispo: 0100, 0101, 0102, 0103, 0104, 0105, 0106, 0107.01, 0107.02, 0108, 0114, 0118-0122, 0124, 0125, 0126, 0127.01, 0127.02

Santa Barbara: 0118, 0019.03

Santa Clara: 5117.04, 5118, 5125.01, 5127

Shasta: 0126, 0127, 1504

Sonoma: 1506.04, 1537.01, 1541, 1542, 1543, 0036.05, 0037, 0038, 0039.01, 0039.02

Stanislaus: 0001, 0002.01, 0032, 0033, 0034, 0035

Tulare: 0002-0007, 0026, 0028, 0040, 0043, 0044

Ventura: 0001, 0002, 0046, 0075.01

California Rural Health Jobs Available Program

The results of the Constituent Satisfaction survey revealed that some rural health providers

are unfamiliar with, or want information on the *California Rural Health Jobs Available Service*, a service of the California Rural Health Policy Council.

The *California Rural Health Jobs Available Service* assists California rural health care providers in their recruitment efforts. Listings on this interactive and searchable database are provided, at no charge, to rural health care employers, jobseekers, and other interested parties. Employers can post employment opportunities online for worldwide advertisement. Advertising on the Internet helps to increase applicant pools of qualified and experienced personnel. Its recruitment focus includes all types of clinical, ancillary and administrative positions. The *California Rural Health Jobs Available Service* may be accessed on the Internet at:

<http://www.ruralhealth.ca.gov/ruraljob>.

If you lack Internet access you may still use our service to advertise a vacant position by either faxing a copy of the job

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description to Kathleen Maestas, Jobs Coordinator, at (916) 654-2871 or by calling her at (800) 237-4492 to request a Job Advertisement Form.

This California Jobs Available Service is a member of the 47 State National Rural Recruitment and Retention Program.

Constituent Satisfaction Survey

A report of the Constituent Satisfaction Survey results has been completed and is available on our website in pdf format.

For a complimentary hard copy of the report, please call our toll-free number at (800) 237-4492.

Jobs Available Update

*It's Time
to Submit your
Position Openings*

Current Listings: 139 Positions Filled: 1017

By Practice Setting:

50 - Clinics	387 - Clinics
39 - Public Health	253 - Hospitals
38 - Hospitals	226 - Public Health
12 - Mental Health/ Substance Abuse	134 - Mental Health/ Substance Abuse
0 - LTC/SNF	17 - LTC/SNF

By Position:

75 - Patient Care	593 - Patient Care
53 - Administrative	341 - Administrative
11 - Ancillary	83 - Ancillary

By Region:

59 - North	593 - North
74 - Central	299 - Central
6 - South	125 - South

For Your Information

The report titled "The Dependence of Safety Net Hospitals and Health Systems on the Medicare and Medicaid Disproportionate Share Hospital Payment Program" includes state-by-state data and policy recommendations. It is available on-line at http://www.cmf.org/programs/medfutur/fagnani_dependsafetynethospitals_351.a

Census 2000 starts its push!

Timeline: *February 25-28*, Questionnaire Assistance Center (QAC) training will be conducted by the U.S. Census. *March 5-8*, Distribution of Advanced Letter (which asks if you want your questionnaire in a language other than English). *March 8-April 14*, QACs up and running. *March 13-15*, questionnaire mailed to the public. *April 8*, last day to return questionnaire by mail. *April 8-30*, enumeration process begins (door knocking campaign) for those who did not return their census information by mail. For more information, go to their web page at www.census.gov

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Dated Material Inside!